MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117881

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Erie at Adams

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) Erie at Adams

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Earl (Last) Atkinson

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Aug. 28 1914 | 9. AGE last birthday: 34 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Harford Co | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Atkinson | 14. MOTHER'S MAIDEN NAME: Sarah Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. ? | 17. INFORMANT: Mrs. Margaret Mae Atkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Pulmonary Tuberculosis (Active)	1 year ?
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1949, to 8/16, 1949, that I last saw the deceased alive on 8/15, 1949, and that death occurred at 5-30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irvin H. Wachsman	M. D.	Union & Franklin Sts Havre de Grace	8/17/49

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 18, 49	Angel Hill	Havre de Grace	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-17-49	A. L. Lewis M. D.	W. Madison Mitchell	Havre de Grace, Md.

Irvin Wachsman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07882

CERTIFICATE OF DEATH

Reg. Dist. No. 125

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md
STREET ADDRESS (If rural give location) R D

3. NAME OF DECEASED (Type or Print): (First) Valerina (Middle) Ann (Last) Adams

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: July 18, 1949

9. AGE last birthday: yrs. — If under 1 year: Months, Days: 1 28 days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Edwards

14. MOTHER'S MAIDEN NAME: Nell Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Nell Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Dehydration & Pulmonary Edema	2 days
772.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Inhibition	2 weeks
161c	(c) Improper feeding	3 1/2 weeks

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15, 1949, to 8/16, 1949, that I last saw the deceased alive on 8/16, 1949, and that death occurred at 2:55 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Aberdeen Md DATE SIGNED 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 17/49 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) Fountain Green (State) Md

DATE REC'D BY LOCAL REG. 8-16-49 — REGISTRAR'S SIGNATURE A. L. Laura Reg. D.

24. FUNERAL DIRECTOR: Jos T Fisher — ADDRESS Bel Air, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

07883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rickardville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~Harford~~ COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rickardville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Velma (Middle) Virginia (Last) Adams

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH March 15 1932
9. AGE last birthday 17 yrs. If under 1 year: Months 3 Days 0 If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Upper X Roads Harford Co.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME George T Adams
14. MOTHER'S MAIDEN NAME Julia C. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George T Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcoma of Hip Joint — INTERVAL BETWEEN ONSET AND DEATH: 13 mths

196
55b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION July 10-48
19b. MAJOR FINDINGS OF OPERATION Sarcoma of hip joint
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1948 to Aug. 15, 1949 that I last saw the deceased alive on 8/15, 1949, and that death occurred at A m., from the causes and on the date stated above.

SIGNATURE Walter M. Hammett (Degree or title) ADDRESS Baltimore Md DATE SIGNED 8/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 17. 49
NAME OF CEMETERY OR CREMATORY Bel Air Mem. Park
LOCATION (City, town, or county) Bel Air Md. (State)

DATE REC'D BY LOCAL REG. 8/16/49
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Martin G Kurtz ADDRESS Janetsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17884

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Van Bibber — LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Van Bibber
STREET ADDRESS (If rural, give location) Edgewood R D

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) R. (Last) Amos

4. DATE OF DEATH: (Month) ~~July~~ Aug. (Day) 15 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 27, 1870

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Mask Factory

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Few

14. MOTHER'S MAIDEN NAME: Annie Arthur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles H. Amos, Edgewood R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sarcoma toe with metastases — 1 year

199.1 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1949

19b. MAJOR FINDINGS OF OPERATION: Sarcoma Toe

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1949, to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE: Gerald C Palmer (Degree or title) M.D. ADDRESS: Bel Air, Md. DATE SIGNED: Aug 16, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 18, 1949 — NAME OF CEMETERY OR CREMATORY: St Mary's — LOCATION (City, town, or county) (State): Emmorton Harford Co Md

DATE REC'D BY LOCAL REG. Aug 18 1949 — REGISTRAR'S SIGNATURE: Marie M. Monsdal

24. FUNERAL DIRECTOR: Howard L. McComas & Son — ADDRESS: Abingdon Md

RECEIVED
AUG 21 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07885

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 320 Alliance St

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) C (Last) Barnes

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1949

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH July 12 1894
9. AGE last birthday 55 yrs. If under 1 year Months - Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William T. Parrish
14. MOTHER'S MAIDEN NAME Elizabeth Whiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Frank Hagan Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia bilateral	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 months
	(c) Dissecting aneurysm arch aorta	6 months

451
30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1949, to August 5, 1949, that I last saw the deceased alive on ~~July~~ 8-5, 1949, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Wachsman M.D. Union & Franklin Sts Havre de Grace 8/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/8/49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace Md.

DATE REC'D BY LOCAL REG. 8-6-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117886

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
MARYLAND
LENGTH OF STAY (in this place) 29½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) 66 South Main Street

3. NAME OF DECEASED (Type or Print): (First) ~~Baby Girl~~ (Middle) Angeline (Last) Bowden

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 12, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months; Days 1; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Preston Bowden

14. MOTHER'S MAIDEN NAME: Joyce Myrene Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: **********

17. INFORMANT: Pfc. James P. Bowden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

776 **Immediate cause** (a) Premature birth; neonatal death — 29 hrs

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. L. Lewis, Major, M C — Station Hosp, Aberdeen Prvg Grd — 8/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: Aug 15, 1949 | NAME OF CEMETERY OR CREMATORY: Birmingham | LOCATION (City, town, or county) (State): Birmingham Alabama

DATE REC'D BY LOCAL REG.: Aug. 15-1949 | REGISTRAR'S SIGNATURE: Nellie D. Tiley

24. FUNERAL DIRECTOR: Henry Tarring and Sons | ADDRESS: Aberdeen

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07887

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benson — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickory
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Freeman	(Last) Bower	4. DATE OF DEATH	(Month) Aug	(Day) 15	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Feby 22/1900	9. AGE last birthday 49 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Houses	11. BIRTHPLACE (State or foreign country) Va	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Henry M Bower	14. MOTHER'S MAIDEN NAME Lottie Epperley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-01-7049	17. INFORMANT Mrs Elma K Bower					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — none

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer MD	Deputy Medical Examiner Harford County	Bel Air Md	8/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug 18/49	NAME OF CEMETERY OR CREMATORY Mt Tabor	LOCATION (City, town, or county) Kalmia	(State) Md
DATE REC'D BY LOCAL REG. 8/17/49	REGISTRAR'S SIGNATURE Priscilla Fourwood	24. FUNERAL DIRECTOR Joseph T Foster	ADDRESS Bel Air Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
AUG 19 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07888

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (In this place) 2.30.hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) LeRoy (Last) Calvert

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 49

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-28-1910
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Loborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emory Calvert
14. MOTHER'S MAIDEN NAME Mary Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Little

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Fractured Skull, Fractured left leg below knee

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lacerated right side of head and multiple

(c) bruises on body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. P
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway Route 1 (CITY OR TOWN) Conowingo, (COUNTY) Cecil. (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 20 (Year) 1949 (Hour) 9 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Walking on highway and hit by car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) [signature] ADDRESS Rising Sun, Md. DATE SIGNED 8-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-23-1949
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) Port Deposit, Md. (State) Rural

DATE REC'D BY LOCAL REG. Aug. 23-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR [signature] ADDRESS Perryville, Md.

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(17889)

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Littleton (Last) Cole

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 9 1875

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Cole

14. MOTHER'S MAIDEN NAME: Janetta Margaret Mahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —

(If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Charles S. Coen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis	2 wks.
434.1 Antecedent cause(s)	(b) Intermittent Congestive Heart Failure	3 months
940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1949, to Aug. 19, 1949, that I last saw the deceased alive on Aug. 16, 1949, and that death occurred at Aug 19, 1949 2 30 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel P. Poles,	M.D.	49 Congress Ave, Havre de Grace	Aug 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 21, 49	Baker's Cem.	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-20-49	A. E. Lewis M.D.	R. Madison Mitchell	Havre de Grace, Md.

RECEIVED
AUG 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07890

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Bel Air

LENGTH OF STAY (in this place) 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Baltotity

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) Baltimore

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Marie (Last) Coskery

4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH about 1869

9. AGE last birthday abt 80 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME cannot ascertain

14. MOTHER'S MAIDEN NAME cannot ascertain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. NONE

17. INFORMANT F. J. Singley Jr. - Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	3 yrs
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Aug 26, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE Charles A. Neff (Degree or title) MD. ADDRESS Street, Md DATE SIGNED Aug. 29

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug 30/49 NAME OF CEMETERY OR CREMATORY Cathedral LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 8/29/49 REGISTRAR'S SIGNATURE A. W. Hand Dos 24. FUNERAL DIRECTOR Stewart & Morrison Co. - Balto. Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH· COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital	STREET ADDRESS (If rural give location) Mayflower Restaurant

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Costos			4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unk.	8. DATE OF BIRTH 4/18/90	9. AGE last birthday 59 yrs.	If under 1 year Months 4 Days 1 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Turkey	12. CITIZEN OF WHAT COUNTRY? Greek	
13. FATHER'S NAME Costos, Savas			14. MOTHER'S MAIDEN NAME Contela		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Lues

026

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lues

30c

(c) Meningitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 16, 1949, to August 19, 1949, that I last saw the deceased alive on August 19, 1949, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE John K Mallen (Degree or title) M.D. ADDRESS Charles J Foley Havre de Grace DATE SIGNED 8/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/23/49	NAME OF CEMETERY OR CREMATORY Greek Community	LOCATION (City, town, or county) Woodlawn (State) Md	
DATE REC'D BY LOCAL REG. 8/22/49	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR William Cook Inc	ADDRESS 1217 N Paul St	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07892

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford Co., Home MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Co., Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Streett Rural.
STREET ADDRESS (If rural give location) Rural.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Fitzhugh
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1949
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ✓
8. DATE OF BIRTH Oct 12-1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY? 4.S.A
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Clark Fitzpatrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Gastric Hemorrhage - Carcinoma of Stomach.	3 hr
151	Antecedent cause(s)		- 1 yr.
46b	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1949, to Aug 31, 1949, that I last saw the deceased alive on Aug 31, 1949, and that death occurred at 7:30 P.M. m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (Degree or title) M.D. ADDRESS Forest Hill, Md DATE SIGNED 8/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 1/49
NAME OF CEMETERY OR CREMATORY Harford Co., Home
LOCATION (City, town, or county) Bel Air Harford Co., Md (State)
DATE REC'D BY LOCAL REG. 8/31/49
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Joseph T. Foster ADDRESS

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07893

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 N. Adams St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 611 N. adams St

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Jane (Last) Forsythe

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1949

5. SEX: Femal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 12, 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. Walker

14. MOTHER'S MAIDEN NAME: Jenna Arbuckle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mr. Wilton D. Forsythe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death:

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1946, to Aug 4, 1949 that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. L. Lewis M.D. Havre de Grace, Md. 8/10-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: Aug. 11 49

NAME OF CEMETERY OR CREMATORY: Angel Hill

LOCATION (City, town or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. 8-10-49

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace, Md.

VS. A15

RECEIVED
AUG 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117894

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) LuLa (Middle) (Last) HarTMan

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug. 18, 1877

9. AGE last birthday 71 yrs.

If under 1 year: Months 11 Days 22 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME — Fuller.

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT John E. HarTMan - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval between onset and death: 1 mo.

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic coronary artery disease 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1949, to Aug 4, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 9:20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John K. Mallen M.D. — ADDRESS Havre de Grace Md — DATE SIGNED 8-4-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/7/49 — NAME OF CEMETERY OR CREMATORY Churchville Cemetery — LOCATION (City, town, or county) (State) Churchville Md

DATE REC'D BY LOCAL REG. 8-6-49 — REGISTRAR'S SIGNATURE C. L. Lewis M.D. — 24. FUNERAL DIRECTOR Pennington & Son — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07895

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Maria (Middle) (Last) Jenkins

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 27, 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-12-1869

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Marshall

14. MOTHER'S MAIDEN NAME: Betsey Boulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Bessie Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left ventricular Failure — Interval between onset and death: 24 hrs.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Occlusion
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 August 19 49, to 27 August 19 49, that I last saw the deceased alive on 27 August 19 49, and that death occurred at 8 45 A. m., from the causes and on the date stated above.

SIGNATURE E. H. Bichardt M.D. (Degree or title) ADDRESS Harford Mem. Hosp. Havre de Grace Md. DATE SIGNED 8/22/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-31-1949 | NAME OF CEMETERY OR CREMATORY: Mount Auburn Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug. 28-49 | REGISTRAR'S SIGNATURE: A. T. Lewis M. D. | 24. FUNERAL DIRECTOR: Lee A. Patterson & Son. | ADDRESS: Perryville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norrisville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norrisville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): Norrisville, Md.

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) A.	(Last) Ingoe	4. DATE OF DEATH	(Month) Aug (Day) 8 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug-15-1881	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Wythe, Co. Va.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Thomas Ingoe	14. MOTHER'S MAIDEN NAME: Katherine Ingoe				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Dixie Ingoe			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion 2nd attack	2 days
420.1 Antecedent cause(s)			
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteria-sclerosis	10 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Mm	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Mm	(CITY OR TOWN): Morrisville	(COUNTY): Harford	(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1948, to Aug 8, 1949, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William A. Fulton	M.D.	Stewartstown Pa.	2-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Aug 11, 1949	NAME OF CEMETERY OR CREMATORY: Fawn Grove	LOCATION (City, town, or county) (State): Fawn Grove York, Co. Pa.
DATE REC'D BY LOCAL REG.: Dec 29, 1949	REGISTRAR'S SIGNATURE: Thomas R. Brown	24. FUNERAL DIRECTOR: W. Howard Webb	ADDRESS: Fawn Grove, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07896

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Md Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) Magness

4. DATE OF DEATH (Month) August (Day) 15 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH May 15 - 1877

9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John T. Magness

14. MOTHER'S MAIDEN NAME Irene Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Edwin R. Preston -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lymphosarcoma — 3 YEARS

200.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55 e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery sclerosis — 2 YEARS

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1947, to Aug. 15, 1949, that I last saw the deceased alive on Aug. 15, 1949, and that death occurred at 9:52 a.m., from the causes and on the date stated above.

SIGNATURE Robert Barthel (Degree or title) M. D. ADDRESS Forest Hill, Maryland DATE SIGNED August 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Aug 17, 1949 NAME OF CEMETERY OR CREMATORY Mr. Carmel Methodist LOCATION (City, town, or county) Emmorton (State) Md

DATE REC'D BY LOCAL REG. 8/16/49 REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR W. H. Archer ADDRESS Benson Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07897

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Alms House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) Hopper alley

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Moore

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 1, 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farms

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Elizabeth Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio-sclerosis	
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to August 20 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D. — Forest Hill, Maryland. — 8/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 29 1949 — NAME OF CEMETERY OR CREMATORY: County Home — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG.: 8/29/49 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: R Madison Mitchell — ADDRESS: Havre de Grace. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

07898

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creswell; MARYLAND; LENGTH OF STAY (In this place) /; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Peach Mount Farm Balto. Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Guy	Pierce	Aug	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Oct 22, 1911	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Front Dale Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas M Pierce	Laura Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Thomas M Pierce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental Drowning	None
929.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 183	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Bel Air	Harford	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Aug 7, 1949 4 p.m.		went in swimming, strangled & went down

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M D	Deputy Medical Examiner Harford County Bel Air Md.	8/7/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 10/49	Andersen	Near Grant	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/8/49	Priscilla Forwood	Joseph S. Foster	Bel Air. Md

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital - Aberdeen Proving Gd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural, give location): 88 South Main St. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ~~(Infant female)~~ Suzanne Pontius

4. DATE OF DEATH (Month) (Day) (Year): August " 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: August 11, 1949
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min. 32

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pontius, Howard Le Roy
14. MOTHER'S MAIDEN NAME: Saul Marguerite.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dystocia + toxaemia.	
769.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Preeclamptic Toxaemia (mother)	Indefinite
161C	(c) Posterior Occiput-position.	8 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.45 PM 1949, to 10.00 PM, 19....., that I last saw the deceased alive on 9.55 PM 19....., and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Fernandez R. Nicholas, E.D.

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
DATE THEREOF: Aug. 13, 1949
NAME OF CEMETERY OR CREMATORY: Waterloo Cemetery.
LOCATION (City, town, or county) (State): Waterloo Iowa.

DATE REC'D BY LOCAL REG.: Aug 13-49
REGISTRAR'S SIGNATURE: Nellie H. Riley
24. FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 85

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Bx 42 Rt. 1 -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair; STREET ADDRESS (If rural give location) Box 42 - Route 1

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Price

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 5 1886

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Price

14. MOTHER'S MAIDEN NAME: Lizzie Nauth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-20-2760

17. INFORMANT: Mrs. Katherine Price, Belair Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval between onset and death: 2 HOURS

Antecedent cause(s)

416

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95b

(b) RHEUMATIC HEART DISEASE — 8 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 25, 1947, to 9 AUG, 1949, that I last saw the deceased alive on 9 AUG, 1949, and that death occurred at 5:55 A. m., from the causes and on the date stated above.

SIGNATURE: H. P. Sidwell (Degree or title) M. D. ADDRESS: 138 N. Main St. Bel Air, Md DATE SIGNED: 9 Aug 49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 8/12/49 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county): Bel Air (State): Md

DATE REC'D BY LOCAL REG.: 8/10/49 — REGISTRAR'S SIGNATURE: A. W. Hegner — 24. FUNERAL DIRECTOR: Leonard J. Luck — ADDRESS: 5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH BC

07901

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2123 Madison Ave.

3. NAME OF DECEASED (Type or Print) (First) Martin (Middle) A (Last) Robinson
4. DATE OF DEATH (Month) Aug. (Day) 7, (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 10, 1928-21 yrs.
9. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Towson, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME Ridgdley Robinson
14. MOTHER'S MAIDEN NAME Essie Winder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MR. Rigdley Robinson 2123 Madison Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Accidental Drowning — none

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) Aug (Day) 7 (Year) 1949 (Hour) 7P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD Deputy Medical Examiner (Degree or title) ADDRESS Harford County Bel Air Md DATE SIGNED 8/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-11-49
NAME OF CEMETERY OR CREMATORY Mt. Zion Cem
LOCATION (City, town, or county) Longgreen (State) Md

DATE REC'D BY LOCAL REG 8/9/49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Mrs. Frances A. Hemdey ADDRESS 518 W. Biddle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07902

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural, give location) Rural, Bush Chapel Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: April 25, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Z. Stansbury

14. MOTHER'S MAIDEN NAME: Eliza Tisby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Ada May Warfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, Hypostatic	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	6 years
	(c)	

332
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1949, to August 8, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Brown McDonald J. M.D. Aberdeen, Md. 8-9-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: Aug. 11, 1949. | NAME OF CEMETERY OR ~~CREMATORY~~: Union M. E. Cemetery | LOCATION (City, town, or county) (State): Aberdeen Harford Md.

DATE REC'D BY LOCAL REG.: Aug. 11-1949 | REGISTRAR'S SIGNATURE: Nellie H. Tilley | 24. FUNERAL DIRECTOR | ADDRESS: Henry Tarring & Sons Aberdeen Md

VS. A1

RECEIVED
AUG 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07903

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 666 Green St.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Edward (Last) Stine

4. DATE OF DEATH: (Month) Aug. (Dey) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Cobbaite

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 26 1918

9. AGE last birthdey: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curtis E. Stine

14. MOTHER'S MAIDEN NAME: Mary E. Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service): yes War II

16. SOCIAL SECURITY NO.: 217-16-1960

17. INFORMANT: Mr. Curtis E. Stine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning

850.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

172

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Bush River, near Otter Point, (COUNTY) Harford Co. (STATE) Md.

TIME OF INJUR (Month) Aug (Day) 27 (Year) 1949 (Hour) 3 P. m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Boat capsized -

I was called to McComas' Funeral Parlor, Abingdon, Md. & found the drowned body of Richard Stine

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. F. Van Tibber - M.D.

ADDRESS Bel Air Md

DATE SIGNED Aug 27 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF Aug. 30 1949

NAME OF CEMETERY OR CREMATORY: Harmony

LOCATION (City, town, or county) (State): Darlington Md.

DATE REC'D BY LOCAL REG. Aug 30, 1949

REGISTRAR'S SIGNATURE Mame M. Monksdale

24. FUNERAL DIRECTOR: Henry Tarring & Sons

ADDRESS Aberdeen, Md.

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07904

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa | LENGTH OF STAY (In this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) (Last) Sweeney

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 2/12/1893 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Mfg Factory | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Harford Co. Md | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Frank S Killman | 14. MOTHER'S MAIDEN NAME: Martha Cloman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mary Sweeney Richmond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C.V. Disease — Interval between onset and death: 4 years

422.1
93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 45, to Aug 30, 19 49, that I last saw the deceased alive on Aug 29, 19 49, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald C Palmer M.D. | ADDRESS Bel Air Md. | DATE SIGNED Aug 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 2, 1949 | NAME OF CEMETERY, OR CREMATORY Bel Air Burial Park | LOCATION (City, town, or county) Bel Air Harford Co (State) Md

DATE REC'D BY LOCAL REG. Sept 2, 1949 | REGISTRAR'S SIGNATURE Marie M. Monkedal | 24. FUNERAL DIRECTOR | ADDRESS Howard K. McComas & Son Aberdeen Md

RECEIVED
SEP 6 1949
BUREAU V. S.